



Tennessee Department of Commerce & Insurance
Board for Licensing Contractors
500 James Robertson Pkwy., Davy Crockett Tower, Suite 110
Nashville, TN 37243-1150
1-800-544-7693 or (615) 253-5741 or 253-4710 or FAX – 532-2868

NO FEE FOR THESE SERVICES

ADDING CLASSIFICATION(S)

A licensee may request the Board for Licensing Contractors to revise their contractor's license classification(s) at any of the regularly scheduled Board meetings. Such request must include experience relative to the classification(s) requested; applicable trade exam with a score of 70 or above and list of equipment (see the attached form). This request is due by the last day of the month prior to the Board meeting. The Board meets in January, March, May, July, September, and November. For example, a request received on June 30th would be reviewed at the July Board meeting; a request received in July would be reviewed at the September Board meeting.

In order for a request to be granted prior to the meeting, the "owner" of the project (person taking bids) may submit a hardship request in writing for the contractor, stating the hardship, bid date, details of the project and why they need this contractor to bid. The contractor's paperwork must be complete. Do not bid project until approved!

The "Business and Law" exam is not required, unless they are a restricted residential license with a BC-A/r.

NOTE: T.C.A. 62-6-120, prohibits a contractor from offering to engage prior to their license classification revised. Revisions are approved by the Board, only; the staff cannot approve these requests. Make sure you have your approval in writing before bidding!!!

TRADE EXAMINATIONS REQUIRED FOR THE FOLLOWING CLASSIFICATIONS:

RESIDENTIAL BUILDING (BC-A) MECHANICAL (CMC);**PROC.PIP.(CMC-B)
COMMERCIAL BUILDING (BC-B) PLUMBING (CMC-A)
INDUSTRIAL BUILDING (BC-C) *SPRINKLERS/FIRE PROTECTION (CMC-D)
RESID./SMALL COM. (BC-A&b{sm}) HVAC/REFRIGERATION (CMC-C)
RESIDENTIAL/COMMERCIAL/and ELECTRICAL (CE)
INDUSTRIAL COMBINED (BC) SEWER PLANTS (BC-B OR BC-C)

***Sprinkler and Fire Protection contractors are required to register or receive a copy of registered contractors at (615) 741-7190 (this is a separate requirement from the Contractors Licensing Board). **Mechanical-Process Piping (MC-B) may require full mechanical exam (based on experience and certifications).**

Please review the "Candidate Information Bulletin" for an outline, reference materials and how to register for the above examination. You may contact Experior at 800-805-9120 or www.experioronline.com. (Note: Experior cannot recommend which exam to take).

FOR CLASSIFICATION REVISIONS, WITHOUT AN EXAM:

BUILDING SUBCATEGORIES: ACOUSTICAL TREATMENTS (BC-1); CARPENTRY (BC-2); DRYWALL (BC-3); FOUNDATIONS (BC-5); MASONRY (BC-9); ROOFING (BC-21) (Five or more subcategories require the building exam (TCA 62-6-112);

-Continued.

TELEPHONE LINES (**E-F**); ALARM SYSTEMS (**E-D,J**;) (UNDER 70 VOLTS), etc...

HEAVY CONSTRUCTION, HIGHWAY RAILROAD AND AIRPORT CONSTRUCTION,
MUNICIPAL AND UTILITY CONSTRUCTION: **MU-A** (Underground piping); **HRA-B** (Base & Paving), etc...

SPECIALTY/ENVIRONMENTAL: (**S-A**)-ASBESTOS MATERIAL HANDLING REMOVING; (**S-B**) - UNDERGROUND STORAGE TANK; (**S-C**) - LEAD-BASED PAINT ABATEMENT; (**S-D**) HAZARDOUS WASTE REMOVAL; (**S-E**)-AIR, WATER OR SOIL REMEDIATION; S-MOLD REMEDIATION, etc...

SPECIALTY: **S-CELL OR TELECOMMUNICATION TOWERS; S-EQUIPMENT INSTALLATION; S-FIBEROPTICS; S-REFRACTORY**, etc...

MEDICAL GAS: **S-Medical Gas Piping** – Must submit copies of training for each employee showing certification by the American Medical Gas Institute (AMGI) or the Piping Industry Progress and Education Trust Fund (PIPE), with a minimum of 32 hours of training, with 8 of these in brazing.

The above classifications below are based upon experience and equipment. In order to be eligible for licensure in environmental specialty classifications, the contractor must also furnish copies of their training certificates. The “Business Law” is required only for the BC-A/r (Limited Licensees).

- *Lead abatement contractors performing target housing must hold certification with the Department of Environment and Conservation and may be contacted at 1-888-871-5323 or at their web site, <http://www.state.tn.us/environment/swm/leadpaint>;*
- *Well drillers may need to register with the Department of Environment and Conservation;*
- *Alarm contractors need to register with the Alarm Contractor’s Board (615) 741-9771; and*
- *Fire Sprinkler contractors need to be certified with the Fire Marshal’s office at (615) 741-7191.*

See Rule 0680-1-.16 of the Contractors License Law & Rules and Regulations for further outline of classifications.

For additional information, please contact the Revision Section at 1-800-544-7693 or (615) 253-5741 or (615) 253-4710.

BOARD FOR LICENSING CONTRACTORS
500 JAMES ROBERTSON PKWY., SUITE 110
NASHVILLE, TN 37243-1150
TELEPHONE: (615) 253-5741 or (615) 253-4710 or FAX: (615) 532-2868

REVISION SYNOPSIS

LICENSE # _____

DATE: _____

COMPANY NAME: _____

ADDRESS: _____
(_____ - No _____ - Yes – The above is a new address)

Telephone: _____

☐ **Corporation** ☐ **Partnership** ☐ **Individual** ☐ **LLC (Limited Liability Co.)**

This is to request Board review to add the following classification(s):

As licensee, I ☐ ***HAVE** or ☐ **HAVE NOT** bid or performed construction in which we are not properly licensed.
(If you checked “HAVE”, please attach an explanation.)

Contractor's Signature

Print Name of Qualifying Agent

(If you checked, “HAVE” bid, please attach an explanation!)

Attach a list of projects, equipment, experience and personnel, which the company has, for the classification requested:

(Continued →)

DO NOT WRITE IN THIS SECTION
FOR OFFICE USE ONLY

Current Classification(s): _____ Monetary

Limit: _____

Expiration Date: _____ Exam(s) Taken: _____ / _____ / _____ Score(s): _____ / _____ / _____ ☐

Exam(s) Not Required ☐ Training Certificates Attached ☐ POA Attached ☐ Increase Requested

☐ **APPROVED FOR** _____

☐ **APPROVED UPON RECEIPT OF** _____

☐ **DENIED--REASON:** _____

Duplicate # _____ Prepared

By: _____
BOARD INITIALS/DATE

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Supplemental Information

Please complete to list additional projects, equipment, experience and personnel, which the contractor or their employees have to further justify the classification(s) requested:

Year: _____ Project/For Whom _____ Contract Amount \$ _____

Type of Work:

Year: _____ Project/For Whom _____ Contract Amount
\$ _____

Type of Work:

Year: _____ Project/For Whom _____ Contract Amount \$ _____

Type of Work:

Year: _____ Project/For Whom _____ Contract Amount
\$ _____

Type of Work:

Personnel (May attach list or their resumes)

Name of Employee: _____ Title: _____ Years Experience: _____

Name of Employee: _____ Title: _____ Years Experience: _____

Name of Employee: _____ Title: _____ Years Experience: _____

Name of Employee: _____ Title: _____ Years Experience: _____

Equipment List (may attach list)

Certifications/Licenses

(Please list and attach copies of any certifications, training or licenses of company or personnel)

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS
500 JAMES ROBERTSON PARKWAY, SUITE 110
NASHVILLE, TENNESSEE 37243-1150
(615)741-8307 (800) 544-7693
FAX - (615) 532-2868

POWER OF ATTORNEY

Know all that I, _____, of _____,
(Officer's/Owner's Name) (County)

_____, owner/stockholder of _____ hereby
(State) (Company Name)
appoint:

(Qualifying Agent)

(Title)

(Date of Employment)

Authorization to act as the qualifying agent (QA) on the company's behalf to take the examinations (s) required for a Tennessee contractors license.

This designated qualifying agent _____ ***IS** or _____ **IS NOT** listed as the QA for another licensee (attach explanation if listed on another license in Tennessee). I understand should the qualifying agent leave the company, pursuant T.C.A. §62-6-115, the Board must be notified of another individual designated to pass the examinations within 90 days.

Officer's /Owner's Signature

Title

Affirmed and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____
State of _____
County of _____

-(Seal)-

***If you checked "IS" listed on another contractor's license, what is the license ID#_____.**

NOTE: A Qualifying agent cannot be listed on more than one license unless they are an owner or their license is inactive or retired. Please submit an explanation.

(To be completed by corporations and partnerships, when appointing full time employees as qualifying agents, who are not owners for testing and board interview)